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313 N. Figueroa Street, Suite 912
Los Angeles, CA 90012

Tel: (213) 240-8101
Fax: (213) 481-0503

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June 26, 2007

TO: Each Supervisor

FROM: Bruce A. Chernof, M.D.
Director and Chief Medical Officer

SUBJECT: **MLK-HARBOR HOSPITAL**

Last Friday, my Department released an overview of the contingency plan should MLK Harbor Hospital (MLK-H) need to cease inpatient operations. Let me say that the Department does not view closure of the hospital and the implementation of this contingency plan as a preferred outcome. We continue to believe that running the hospital without a break in service is the best solution but only if the hospital can demonstrate that it meets national standards.

In the past several years, inpatient and Emergency Room services have decreased in and around South Los Angeles. This contingency plan seeks to limit the impact of MLK-H closure on surrounding facilities but it will be impossible to completely mitigate the impacts, particularly in the surrounding emergency rooms.

The plan will operate in two concurrent tracks, the first is the immediate preservation of services and the second is a longer term plan which anticipates conducting an expedited request for qualified operators to re-open and operate the hospital.

Let me review the key elements of the immediate track:

- Regardless of the closure approach, the Department would work with the State Department of Health Services to suspend the license as opposed to relinquishing it or having it revoked. Suspending the license will make the hospital easier to re-open in the future.
- Inpatient services at MLK-H would be provided at other DHS hospitals, principally Harbor-UCLA Medical Center (H/UCLA) and Rancho Los Amigos National Rehabilitation Center (Rancho), and contract private hospitals.

- Inpatient services at MLK-H would be phased out as soon as feasible on a planned basis as County and contract beds become available. If the Department makes a determination that it is unable to continue inpatient or Emergency Department (ED) operations due to staffing or patient safety concerns, the inpatient services would be closed immediately.
- If this contingency plan is implemented, the ED would be closed and 911 ambulance transports will be redirected in a way which prevents, to the extent possible, the overloading of hospitals in the surrounding areas.
- Outpatient services would not close - the current outpatient clinics and 16 hour per day urgent care will be maintained at the MLK-H site.
- Staff at MLK-H not needed for operation of outpatient clinics, urgent care or the support of the building complex will be subject to County civil service rules and County policies related to reduction in workforce.
- While detailed financial forecasts of the impact of this plan have not been completed, preliminary estimates are that the costs of this contingency plan can be funded within the current County costs budgeted for MLK-H.

Concurrent with the first track, the Department would also implement the second, longer term track, focused on re-opening the facility as quickly as possible through an expedited public solicitation to identify potential private hospital operators with the ability and interest to operate MLK-H. To assist in this process, the County will utilize a consulting healthcare firm. This solicitation process is expected to take six months to identify, qualify and present potential operators to the County for consideration and a total of one year for a new operator to be in place.

- Finally, the contingency plan outlines the timeframes to conduct all required notices and hearings, including a Beilenson hearing, and the notice and EMS hearing of closure of the ED.

The Department believes that this contingency plan addresses the major challenges that would result from the closure of MLK-H, but it is a work in progress and will evolve with input.

BAC:jc

c: Chief Administrative Officer
County Counsel
Executive Officer, Board of Supervisors